

56
14. ETHICS AND
CONDUCT

	FORM	S
	DR	OF
	-1 (Rev. 04/200)	
	For Office Use	
	Comm. #	
	Indexed	
	Audited	
	Computer	

☐ **COMMITTEE NAME** ↓ ↓ (A candidate's committee must include the candidate's last name in the name of
 Nurses for Quality Care
 mmittee.) ☐ **IMPORTANT: Indicate type of committee you are report**
 ing for: ☐ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Cen
 tral Committee ☐ (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PA
 (9) City PAC ☐ (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multip

ot issues)		COMMITTEE TREASURER (mandatory for	
committee)		I committees) COMMITTEE CHAIR (mandatory ex	
Name	Sandy Durning	Name	Sandy Durning
Mailin	434 Palomino Pkwy	Mailin	434 Palomino Pkwy
g Address	Des Moines IA 50320	g Address	Des Moines IA 50320
City, State		City, State	
Zip Code		Zip Code	
Phone	(515) 285-7702	Phone	(515) 285-7702
e-Mail	SDurning@emchsi.com	e-Mail	

_____ **INDICATE PURPOSE OF COMMITTEE – Check One Box** Advocate for/against candidate(s) Advocate for
 ballot issue(s) Comment or description: _____ Advocate again
 of issue(s) **All Ca** _____ County/Local Candidates and Local I
 ndidates Enter: Office Sought: Broadlawn Trustee m
 _____ Political Party (if applicable) _____ (If active in multiple ballot issue elections
 of counties District: _____
 _____ Date of Election: _____

<p>Year Standing for Election: _____</p> <p>Bank Account Name (must match committee name)</p> <p>↓ ↓ _____</p> <p>o Name of Financial Institution/type of Acc</p> <p>unt ↓ ↓ _____</p> <p>s Mailing Addr</p> <p>s ↓ ↓ _____</p> <p>i City ↓ ↓ State ↓ ↓ Z</p> <p>p ↓ ↓ _____</p>		<p>Candidate name & Address or Parent Entity (PACs, if applicable). ↓ ↓ Affili</p> <p>a te, or Sponsor <i>Michael Glyn</i></p> <p>s Mailing Addr</p> <p>s ↓ ↓ _____</p> <p>i City ↓ ↓ State ↓ ↓</p> <p>p ↓ ↓ _____</p> <p>Phone () _____</p> <p>e-Mail _____</p>	
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STATEMENT OF AFFIRMATION: By filing this document the committee affirms

wing: 1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 351 and 352, Administrative rules in Chapter 351 of the Iowa Administrative Code, and the possible imposition of other criminal and civil sanctions. 2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions. 3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the contributor on all campaign materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter name does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing the Form DR-100. 4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for local political parties.